FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000046930 (0) DOCUMENT #

DMSLIMITED, INC.

Principal Place of Business

Mailing Address

1750 SEMORAN BLVD

1750 SEMORAN BLVD

FILED May 01 1998 8:00am Secretary of State



WINTER PARK FL 32782 WINTER PARK FL 32792 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/12/1995 2. Principal Place of Business 2a. Mailing Address Applied For 59-3323156 21 26 Not Applicable Suite. Apt. #. etc. Suite Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 OSSINSKY, MARC P 250 N WYMORE RD 82 Street Address (P.O. Box Number is Not Acceptable) WINTER PARK FL 32789 83 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE POWALISZ, LARRY CR2E034 1.2 NAME 5411 JUSTINE WAY STREET ADDRESS 13 STREET ADDRESS WINTER PARK FL 32782 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE BARTLETT, STEVE NAME 2.2 NAME 7043 CITRUS PT. CT. STREET ADDRESS 2.3 STREET ADORESS WINTERPARK FL 32792 City-St-Z#P 2 4 CiTY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE BARTLETT, DEBORAH NAME 3.2 NAME 7043 CITRUS PT. CT. STREET ADDRESS 3.3 STREET ADDRESS WINTERPARK FL 32792 CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Addition TITLE 4 1 TITLE POWALISZ, MARY ANN NAME 4. 2 NAME 5411 JUSTIN WAY 4.3 STREET ADDRESS STREET ADDRESS WINTERPARK FL 32792 CITY-ST-ZIP 4.4 CITY - ST - ZIP DELFTE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 54 CITY+ST-ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or an attachment with an address.

SIGNATURE:

04 22-98 407-677-7700